

# AGENDA

## **King County ACH Regional Health Improvement Plan Workgroup (RHIP)**

October 15, 2015, 12:00-2:00 pm

401 Fifth Avenue, Seattle – Chinook Building, 1311/1312

Conference Bridge Line 206-263-0100

### Objectives

- Welcome new people
- Discuss potential framework for a future regional health improvement plan
- Identify and agree on:
  - Objectives for next 2-3 work group meetings,
  - Action steps/work that needs to occur outside this meeting in order to get there, and;
  - What to take to ACH Interim Leadership Council and when.

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<b>5 minutes</b>	<b>Welcome &amp; Introductions (Gloria)</b>
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<b>5 minutes</b>	<b>Objectives and agenda review (Kim)</b>
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<b>5 minutes</b>	<b>Relevant updates from the ACH ILC (Kris)</b>
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<b>15 minutes</b>	<b>RHIP Outline and Framework Review (Janna)</b>
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<b>60 minutes</b>	<b>Group discussion re: Framework (Wendy)</b>
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<b>30 minutes</b>	<b>Next Steps (Wendy, Janna, Gloria)</b> <ul style="list-style-type: none"><li>• <b>Objectives/deliverables for next 3 meetings &amp; work in-between</b></li><li>• <b>What to take to ACH Interim Leadership Council and when</b></li><li>• <b>Who else needs to be engaged in these next steps</b></li></ul>
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Next Meeting: November 19, 2015

Outline of a King County Regional Heath Improvement Plan (think of it as “version 1.0” . . .)

[Initial material – Title, Contents, Contact Information; Who/how developed, etc.]

Section 1: PURPOSE OF THE PLAN

This section would explain that this document is meant to serve as action and accountability framework for the King ACH.

Communicates at high level actions underway to make the transformation vision a reality. It’s a framing that addresses and helps us collectively see the interdependence of the many social, economic, physical, environmental, and spiritual factors that affect health, well-being, and equity in our region.

Within that larger frame, it articulates a small set of current priorities / common agenda that the King County Accountable Community of Health (ACH) structure is actively focused on advancing and why. Shows alignment to Healthier Washington. A tool to help people coordinate with others in areas of interest; prevent duplicative efforts; etc. Make clear it’s a living plan. Not meant to supercede other plans or their priorities. A frame for kitting silos/sectors.

Section 2: HEALTH & WELL-BEING ASSESSMENT LANDSCAPE

This section could describe:

The current state of what regional/local assessments are produced now? How, by whom, what cycle, and for what purpose (what actions, resources does each govern?)

Explain we have looked across sectors that influence of health. Found many types of assessments and priorities articulated. AAA Aging plan, United Way, community action agencies, Public Health plan, city-specific; neighborhood-specific, regional homeless plan, housing and community development plan, hospital joint Community Health Needs Assessment, King County ESJ plan, comprehensive plans, FQHCs, behavioral health plans, etc. Include Gloria’s grid of common themes among the current plans in an appendix. Reinforces the value of working across sectors – common themes bubbled up.

What types of assessment might be missing, that need to be considered in future ?    xxxx xx

Recommendations for future changes in how our ACH region approaches assessment work

Example – could certain assessments be coordinated or even merged in the future?  
Are there improvements in approaches to community engagement and inclusion?

Section 3: WHAT WE KNOW / WHAT THE DATA SAYS

Point/link to existing data dashboards that speak to health needs/assets of the region – CHNA, community health / Social Determinants of Health indicators, Maps, dashboards from places like WA Health Alliance, etc. Not a long section – Lift in data from community members - testimonials, stories – this is what people want King County to look like/be like (versus what it is now). Use data to support and illustrate.

Section 4: FRAMEWORK FOR ACTION [borrow from Robert Wood Johnson Fnd. Culture of Health action areas?]

A framework for talking about HOW we work on health and well-being improvement in the region . Key is that it’s an equity framework (versus disease/deficit /need focused). [Question – how would Triple Aim get layered in?] Four interlocking action areas that advance transformation vision:



Section 5: WHAT’S HAPPENING IN THE ACTION AREAS ?

**Action Areas and ACH priorities (\* bold = current ACH priority)** . This section could feature work occurring in each action area in King County. Use hyperlinks so people can connect – not lengthy descriptions. Tone could be lots of people/entities working, in many ways, on health and equity in King County. There’s a place for everyone in this work.

Examples for Action Area 1 – Making health [or equity?] a shared value

- ??? what kinds of efforts would we spotlight here?
- \* **Accountable Community of Health development?**
- Regional equity network development?
- King County Equity and Social Justice plan?

Examples for Action Area 2 – Fostering Cross Sector Collaboration

- \* **Housing-health partnerships**
- Climate change and health; Preparedness/community resilience work
- Business support for workplace health & well-being
- Roadmap Project
- Early childhood/ACES related/VROOM
- African Americans Reach and Teach Health (faith/health collaborations)
- King County Hospitals for a Healthier Community

Examples for Action Area 3 – Creating healthier, more equitable communities

- \***Communities of Opportunity**
- Other place-focused partnerships: eg : Yesler; Kent4Health; Auburn; BUILD Health (Chinatown-ID), etc.
- Partnerships to Improve Community Health
- Healthy King County Coalition
- Etc

Examples for Action Area 4 – Strengthening integration of health services and systems

- \***Physical/Behavioral Health Integration**
- \* **Familiar Faces** (health/justice/housing/employment) - or could be action area 2?
- Coverage is Here King County
- Reducing Readmissions Safe Tables Partnership
- Accountable Care Organization/Network development activity in the region
- Aging and Disability Resource Network
- Pediatric Partners in Care (CMMI grant)
- Racial/ethnic health boards/coalitions (Somali Health Board; Asian/PI Health Board)
- Community Alternatives to Boarding Task Force
- Vulnerable Populations Strategic Initiatives (EMS-led)
- Neighborhood Health Link (Group Health clinical-social needs connector)
- Etc.

Section 6: THE ACH PRIORITY FOCUS AREAS AND ALIGNMENT WITH HEALTHIER WASHINGTON

A bit more in this section on the **bolded initiatives** and their outcomes/measures frameworks

This section describes the alignment with state level priorities

- How do the priority (bolded) initiatives align with and contribute to Healthier Washington Common Measure Set?
- How do the priority (bolded) initiatives align with and contribute to the State’s Prevention Framework priorities?
- Short discussion of coordination/alignment with fellow ACH regions

Section 7: Financing the Future, Financing Success

This section could perhaps spotlight ways in which creative partnerships are driving \$\$ upstream and driving toward outcomes. Pay for Success projects. Hospital CHNA joint investments. Medicaid Waiver’s role. Value-based purchasing, etc.

Section 8: Evaluation – a commitment of systems/sectors to come together to take stock – how are we doing?

Accountability mechanism at high level (to each other, to community.) Lay out here a commitment of some kind eg. Come together every few years to look at various report cards from different sectors . On Triple Aim. On health equity, etc.

Section 9: PLACEHOLDER – Section on articulation of Medicaid Waiver priorities for KC Region?

*If appropriate -Sounds like could entail processes/actions/parameters not yet known.*

FOR REFERENCE – How Robert Wood Johnson Foundation characterizes the four action areas

# 1. Positive movement in this Action Area will fuel a greater sense of community, an increased demand for healthy places and practices, and a stronger belief that individual actions can make a difference in the well-being of others.

#2 This Action Area places new focus on collaborations that include sectors typically viewed as “outside” of health care, and demonstrates how these cross-sector collaborations can play an essential role in building a Culture of Health.

#3. The goal of this Action Area is to encourage communities to fulfill their greatest health potential by improving the environment in which residents live, learn, work, and play

#4. This Action Area aims to strengthen a system of coordinated care that integrates and better balances treatment, public health, and social services

The Framework is not a call for new, large-scale government programs. It is intended to leverage current resources, encourage innovative partnerships, and ultimately reduce national health care costs over time. It is meant to empower individuals, parents, and caregivers in making healthy choices, while fostering more equitable environments that help make those choices possible

#### **Why use the term *Action Framework*?**

Unlike a *model*—which implies something formulaic, fixed, and final—a *framework* speaks to a built-in fluidity. The Action Framework invites individuals, communities, and organizations to utilize the structure and find entry points relevant to their unique needs and goals. The Framework is not a *blueprint*, but rather suggests multiple pathways for action.

Link to Framework:

<http://www.rwjf.org/en/email/from-vision-to-action--measures-to-mobilize-a-culture-of-health0.html>